Application Data Sheet

APPLICATION INFORMATION

Secrecy Order in Parent Appl.?:: No

Application Number::	
Filing Date::	09/11/03
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks:	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)	?:: No
Number of Copies of CRF::	
Title::	SYSTEM FOR THE PREFERENTIAL REMOVAL OF
	SILICON OXIDE
Attorney Docket Number::	00001CONX224367
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	1
Small Entity?::	No
Latin Name::	
Variety denomination name::	
Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	

APPLICANT INFORMATION

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Brian

Middle Name::

Family Name:: MUELLER

Name Suffix::

City of Residence:: Aurora

State or Prov. of Residence:: Illinois

Country of Residence:: US

Street of mailing address:: 3235 Blaine Court

City of mailing address:: Aurora

State or Province of mailing address:: Illinois

Country of mailing address:: US

Postal or Zip Code of mailing address:: 60504

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Jeffery

Middle Name:: P.

Family Name:: CHAMBERLAIN

Name Suffix::

City of Residence:: Aurora

State or Prov. of Residence:: Illinois

Country of Residence:: US

Street of mailing address:: 2503 Crestview Drive

City of mailing address:: Aurora

State or Province of mailing address:: Illinois

Country of mailing address:: US

Postal or Zip Code of mailing address:: 60504

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: David

Middle Name:: J.

Family Name:: SCHROEDER

Name Suffix::

City of Residence:: Aurora

State or Prov. of Residence:: Illinois

Country of Residence:: US

Street of mailing address:: 909 West Downer Place

City of mailing address:: Aurora

State or Province of mailing address:: Illinois

Country of mailing address:: US

Postal or Zip Code of mailing address:: 60506

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 29050

Phone:: (630) 375-5465

Fax:: (630) 499-2654

E-mail Address:: Phyllis_Turner-Brim@cabotcmp.com

REPRESENTATIVE INFORMATION

Representative Customer Number One:: 29050
Representative Customer Number Two:: 23460

Representative Designation:: Registration Number:: Representative Name::

DOMESTIC PRIORITY INFORMATION

Application::

Continuity Type::

Parent Application::

Parent Filing Date::

This application

Continuation of

09/547,425

April 11, 2000

FOREIGN APPLICATION INFORMATION

Country::

Application Number:: Filing Date::

Priority Claimed

ASSIGNEE INFORMATION

Assignee name::

Cabot Microelectronics Corporation

Street of mailing address:: 870 Commons Drive

City of mailing address::

Aurora

State or Province of

mailing address::

Illinios

Country of mailing

address::

US

Postal or Zip Code of

mailing address::

60504